SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

## **Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT**

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day,					Termination Date (If Appli-	Fee for Late Filing
Year)	Status Cover (Check Appropriate		minee, or Fi	iler	cable)(Month, Day, Year)	Any individual who is required to file this
	Спеск прргорише		addate			report and does so more than 30 days after the date the report is required to be filed, or, if an
Donouting	Last Name		First Name and Middl	le Initial		extension is granted, more than 30 days after
Reporting Individual's Name						the last day of the filing extension period, shall
murviduai s Name						be subject to a \$200 fee.
	Title of Position		Department or Agency	y (If Applicable)	)	
Position for Which Filing						Reporting Periods
						<b>Incumbents:</b> The reporting period is the
<b>Location of Present Office</b>	Address (Number, Street, City, State, and ZIP Co	ode)		Telephone N	No. (Include Area Code)	preceding calendar year except Part II of Schedule C and Part I of Schedule D where you
(or forwarding address)						must also include the filing year up to the date
(or forwarding address)						you file. Part II of Schedule D is not applicable.
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held					
Government During the Preceding 12						<b>Termination Filers:</b> The reporting period begins at the end of the period covered by your
Months (If Not Same as Above)						previous filing and ends at the date of
Presidential Nominees Subject	Name of Congressional Committee Considering I	Nomination	Do You Intend to Crea	ate a Qualified l	Diversified Trust?	termination. Part II of Schedule D is not applicable.
to Senate Confirmation						
			Yes		No	Nominees, New Entrants and Candidates for President and Vice President:
Certification	Signature of Reporting Individual			Date (Mor	nth, Day, Year)	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and
I CERTIFY that the statements I have						the current calendar year up to the date of
made on this form and all attached schedules are true, complete and correct						filing. Value assets as of any date you choose that is within 31 days of the date of filing.
to the best of my knowledge.						,
Other Review	Signature of Other Reviewer			Date (Mor	nth, Day, Year)	Schedule BNot applicable.
(If desired by agency)						Schedule C, Part I (Liabilities)The reporting
						period is the preceding calendar year and the current calendar year up to any date you choose
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/F	Reviewing Official		Date (Mor	nth, Day, Year)	that is within 31 days of the date of filing.
On the basis of information contained in this report, I conclude that the filer is in						Schedule C, Part II (Agreements or
compliance with applicable laws and						Arrangements)Show any agreements or
regulations (subject to any comments in the box						arrangements as of the date of filing.
Office of Government	Signature			Date (Mor	nth, Day, Year)	Schedule DThe reporting period is the
Ethics Use Only						preceding <b>two</b> calendar years and the current calendar year up to the date of filing.
<u> </u>						
Comments of Reviewing Officials (If add	litional space is required, use the reverse side of thi	is sheet)				_
		(Check box if filing ex	tension granted & indica	ate number of de	ays )	
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						Agency Use Only
						OGE Use Only
			(Check box if commen	nts are continued	d on the reverse side)	
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Reporting Individual's Name	Comments continued from first page	Page Number of					
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Prior Editions Cannot Be Used.

Reporting Individual's Name												C	CI	1E1	DU	TE	· A												Pag	ge Number	
													CI	1101	<b>D</b> U	LE	. A													2 o:	f
Assets and Income																	type y is											an \$	201)" is c	hecked, no	
BLOCK A					E	LO	CK	В																BL	OCF	C					
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, ogether with such income.  For yourself, also report the source and actual amount of earned income exceeding \$200 (other han from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report he actual amount of any honoraria over \$200 of your spouse).	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	1	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr. Only if Honorari
Examples  Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund			X	X	X		X						X			X		 			X	X	X							Law Partnership Income \$130,000	
1																															
2																															
3																															
4																															
5																															
3																															

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Reporting Individual's Name	SCHEDULE A continued (Use only if needed)														Page Number																	
												(U	se o	only	if	nee	edec	1)													of	
Assets and Income  Valuation of Assets at close of reporting period														<b>Income:</b> type and amount. If "None (or less than \$201)" is checked, other entry is needed in Block C for that item.														hecked, no				
BLOCK A	BLOCK A BLOCK B														1		700			BLOCK C												
1	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	0,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
2																																
3																																
4																																
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\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.